



12-19-02

2813/#

PATENT

Attorney Docket No. MTI-31529

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Ronald A. Weimer
Serial No. : 09/935,255
Filing Date : August 22, 2001
For : Method of Composite Gate Formation
Group Art Unit : 2813
Examiner : CHEN, Jack S. J.
Confirmation No. : 1208

RECEIVED
DEC 23 2002
TECHNOLOGY CENTER 2800

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

☐ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents,
Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

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Transmission

☐ transmitted by facsimile to Fax No. _____ addressed to Examiner _____ at the US Patent and Trademark Office.

Date: Dec 17, 02

Assistant Commissioner for Patents
Washington, D.C. 20231

TRANSMITTAL

1. Transmitted herewith is:

- o Second Response to Restriction and Preliminary Amendment
- o Replacement Claims (18 sheets)
- o Blacklined Claims (18 sheets)
- o Return Postcard

STATUS

2. Applicant is a large entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

☒ Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.

☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136 for the total number of months checked below [fees: 37 C.F.R. 1.17(a)(1)-(4)] :

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> four months	\$ 1,390.00	\$ 695.00

Fee: \$0.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 106	Minus	95	=	x 9= \$	\$	25 x 18	\$450.00
Independent 45	Minus	45	=	x 42= \$	\$	0 x 84	\$ 0.00

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$

or TOTAL
ADDIT. Fee \$450.00

c. ☐ No additional fee for claims is required.

d. ☒ Total additional fee for claims required \$450.00

FEE DEFICIENCY

5. ☒ If any additional extension and/or fee is required, charge Account No. 23-2053.

☒ If any additional fee for claims is required, charge Account No. 23-2053.

Date: December 17, 2002

Kristine M Strodthoff

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